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24982 7590 11/23/2004

KENNETH J. HOVET
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Tawny Bryant-Schreck

(Depositor's name)

Tawny Bryant-Schreck

(Signature)

February 14, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/643,720	08/18/2003	Stephen D. Highfill	HM-76623	4690

TITLE OF INVENTION: MOUNTING SYSTEM FOR CLAY TARGET THROWER AND RIFLE/PISTOL REST

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$685-700	\$300	\$985-1,000	02/23/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			

RICHARDSON, JOHN A 3641 042-094000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Kenneth J. Hovet
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

02/18/2005 MBERHE1 00000097 10643720

01 FC:2501	700.00	OP
02 FC:1504	300.00	OP
03 FC:8001	30.00	OP

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies 10

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- A check in the amount of the fee(s) is enclosed. Check #53801 for \$1,000
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- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 503066 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Kenneth J. Hovet

Date 2-14-05

Typed or printed name Kenneth J. Hovet

Registration No. 25,988

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